

A person nominated for appointment as a guardian or conservator shall obtain a number of types of background checks; including a check of the Adult and Child Abuse and Neglect Registry/Register maintained by the Nebraska Department of Health and Human Services, Division of Children and Family Services.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry/ Register, which is maintained by the Division of Children and Family Services. I authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Registry/Register record for establishing a guardianship or conservatorship.

All information requested below is required. If something does not pertain, enter Not Applicable.

Your Current Full Legal Name (Please print)

Your Current Address (Street, City, Zip Code (Please print)

Your Date of Birth

Social Security Number

Other names previously used such as former married names, maiden name and nick names.(Please print)

Names and birthdates of your children and children who have lived with you (Please print)

Any address at which you have resided during the past 20 years (Please print)

Signature (Applicant)

Date

Subscribed and sworn to before me on _____ day of _____, 20_____.

Seal of Notary

Notary Public

Please mail this form and a self-addressed stamped envelope to:

Nebraska Department of Health and Human Services
Children and Family Services, Policy Unit
Attn: Central Registry/Register Checks
P.O. Box 95026
Lincoln, NE 69509-5026